
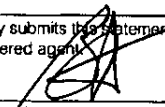
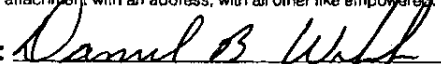


FILED  
Apr 21, 2008 8:00 am  
Secretary of State

04-21-2008 90085 001 \*\*\*150.00

2008 FOR PROFIT CORPORATION  
ANNUAL REPORT

<b>DOCUMENT # 397974</b>			
1. Entity Name <b>SUNSHINE STATE INDUSTRIAL PARK, INC.</b>			
Principal Place of Business <del>3001 PONCE DE LEON BLVD.</del> <del>SUITE 200</del> <del>CORAL GABLES, FL 33134</del>		Mailing Address <del>3001 PONCE DE LEON BLVD.</del> <del>SUITE 200</del> <del>CORAL GABLES, FL 33134</del>	
2. Principal Place of Business - No P.O. Box # <b>1300 NW 167<sup>th</sup> STREET</b> Suite, Apt. #, etc. <b>SUITE #2</b> City & State <b>MIAMI GARDENS, FL</b> Zip <b>33169</b> Country <b>USA</b>		3. Mailing Address <b>1300 NW 167<sup>th</sup> STREET</b> Suite, Apt. #, etc. <b>SUITE #2</b> City & State <b>MIAMI GARDENS, FL</b> Zip <b>33169</b> Country <b>USA</b>	
4. FEI Number <b>NOT APPLICABLE</b>		Applied For <b>Not Applicable</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		04092008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent <del>MAXEY, TOM</del> <del>3001 PONCE DE LEON BLVD., SUITE 200</del> <del>CORAL GABLES, FL 33134</del>		7. Name and Address of New Registered Agent Name <b>Earl M. Barker, Jr.</b> Street Address (P.O. Box Number is Not Acceptable) <b>334 East Duval Street</b> City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32202</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  <b>Earl M. Barker, Jr.</b> <b>4/10/2008</b> <small>Signature typed or printed name of registered agent and file # if applicable. (NOTE: Registered Agent's signature required when reinstating)</small> DATE			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>PD</del> <del>MAXEY, TOM</del> <del>3001 PONCE DE LEON BLVD #200</del> <del>CORAL GABLES, FL 33134</del> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>PD</del> <b>William C. Webb, Jr.</b> <b>1300 N.W. 167th St Suite 2</b> <b>Miami, FL 33169</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VD</del> <del>SHORT, EUGENE M JR</del> <del>3001 PONCE DE LEON BLVD.</del> <del>CORAL GABLES, FL</del> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTD</b> <b>Daniel B. Webb</b> <b>3600 Vineland Road, Ste 101</b> <b>Orlando, FL 32811</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>SD</del> <del>MAXEY, WIRT T.</del> <del>3001 PONCE DE LEON BLVD #200</del> <del>CORAL GABLES, FL 33134</del> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>Earl M. Barker, Jr.</b> <b>334 East Duval Street</b> <b>Jacksonville, FL 32202</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment, with an address, with all other like employees.			
SIGNATURE:  <b>4-11-2008</b> <b>407-841-1414</b>		Date Daytime Phone #	